



KANSAS CORPORATION COMMISSION 1079229
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32044
Name: Trimble & Maclaskey Oil LLC
Address 1: 110 SOUTH ST
Address 2: PO BOX 171
City: GRIDLEY State: KS Zip: 66852 +
Contact Person: Randall L. Trimble
Phone: (620) 836-2000
CONTRACTOR: License # 32854
Name: Gulick Drilling Co., Inc.
Wellsite Geologist: Thomas E. Blair
Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
11/12/2011 11/16/2011 12/05/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-111-20439-00-00
Spot Description: _____
SW SE SW Sec. 24 Twp. 21 S. R. 10 East West
330 Feet from North / South Line of Section
3630 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Lyon
Lease Name: Babinger Well #: 3
Field Name: _____
Producing Formation: Arbuckle
Elevation: Ground: 1273 Kelly Bushing: 1281
Total Depth: 2663 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 126 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

AFFIDAVIT
I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dianne Garriso Date: 08/16/2012



1079229

Operator Name: Trimble & Maclaskey Oil LLC Lease Name: Babinger Well #: 3
 Sec. 24 Twp. 21 S. R. 10 East West County: Lyon

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mississippi	2152	871
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Kinderhook	2516	1235
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Viola	2600	1319
List All E. Logs Run:		Arbuckle	2636	1355
Gamma Ray/ Neutron/ CCL				

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12.25	8.625	20	126		90	
Production	7.875	5.5	17	2667		125	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD	-			
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.			Producing Method:			
			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	_____ _____ _____



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # **245934**

Invoice Date: **11/21/2011** Terms:

Page **1**

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
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Vsu

BABINGER #3
33378
24-21S-10E
11-16-11
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	125.00	18.3000	2287.50
1110A	KOL SEAL (50# BAG)	625.00	.4400	275.00
1107A	PHENOSEAL (M) 40# BAG)	30.00	1.2200	36.60
1103	CAUSTIC SODA	100.00	1.5200	152.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	344.0000	344.00
4104	CEMENT BASKET 5 1/2"	1.00	229.0000	229.00
4130	CENTRALIZER 5 1/2"	6.00	48.0000	288.00
4454	5 1/2" LATCH DOWN PLUG	1.00	254.0000	254.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	975.00	975.00
445 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
WASH- WASH OR SWIVEL HEAD	1.00	100.00	100.00
479 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts:	3866.10	Freight:	.00	Tax:	282.23	AR	5673.33
Labor:	.00	Misc:	.00	Total:	5673.33		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 318/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/886-4914



PO Box 884, Chanute, KS 68720
820-431-9210 or 800-467-8876

ENTERED

TICKET NUMBER 33378
LOCATION Eureka, KS
FOREMAN Shannon Feck

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-111-20439

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-16-11	7842	Babinger # 3	24	215	10E	Lyon
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Trimble & McClaskey oil LLC			445	Dave		
MAILING ADDRESS			479	Allen B		
110 South St P.O. Box 171						
CITY	STATE	ZIP CODE				
Gridley	KS	66852				

Gulick
DRILL

JOB TYPE Longstring HOLE SIZE 7 1/2" HOLE DEPTH 2663' CASING SIZE & WEIGHT 5 1/2" @ 17#
 CASING DEPTH 2666.92' x.b. DRILL PIPE --- TUBING --- OTHER ---
 SLURRY WEIGHT 13.7 SLURRY VOL 42 Bbl WATER gal/sk 9.0 CEMENT LEFT IN CASING NONE
 DISPLACEMENT 62 1/4 DISPLACEMENT PSI 900 ~~PSI~~ bumped plug 1300 RATE 5-5 1/2 Bpm

REMARKS: Tag Bottom. Rig up to 5 1/2 casing with rotating head. Break
Circulation with 5 Bbl water. Pumped 12 Bbl caustic soda pre flush
Followed by 5 Bbl water spacer. Mixed 125 sks Thick set Cement with
5 # Kol-seal/sk & 1/4" pheno seal/sk @ 13.7#/gal. Shut down wash out
pump & lines, release 5 1/2" latch down plug & displace with 62 1/4 Bbl
water. wait two minutes & release pressure, plug & float held good.
Final pumping pressure of 900 psi, bumped plug to 1300psi. Good
Circulation @ all times during cementing. Job Complete. Ran
centralizer on Joints 1, 2, 3, 5, 10, 15 & a basket on Joint # 8
"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	30	MILEAGE	4.00	120.00
1126 A	125 SKS	Thick set Cement	18.30	2287.50
1110 A	625 #	Kol-seal @ 5#/sk	.44	275.00
1107 A	30 #	Pheno seal @ 1/4 #/sk	1.22	36.60
1103	100 #	Caustic Soda pre flush (12 Bbl)	1.52	152.00
5407	6.87 Tons	Ton mileage bulk truck	M/C	330.00
4159	1	5 1/2 AFV Float shoe	344.00	344.00
4104	1	5 1/2 cement Basket	229.00	229.00
4130	6	5 1/2 x 7 1/2 Centralizers	48.00	288.00
4454	1	5 1/2 Latch down plug	254.00	254.00
5611	1	Rental on Rotating head	100.00	100.00
		Sub total		5391.10
		7.3% SALES TAX		282.23
		ESTIMATED TOTAL		5673.33

245934

AUTHORIZATION by Russell McCoy TITLE Consolidated/Rep DATE 11-16-2011

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 245794

Invoice Date: 11/15/2011 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
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sw

BABINGER #3
33405
24-21S-10E
11-12-11
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	90.00	14.2500	1282.50
1102	CALCIUM CHLORIDE (50#)	270.00	.7000	189.00
1118B	PREMIUM GEL / BENTONITE	170.00	.2000	34.00
1107	FLO-SEAL (25#)	23.00	2.2200	51.06

Description	Hours	Unit Price	Total
485 CEMENT PUMP (SURFACE)	1.00	775.00	775.00
485 EQUIPMENT MILEAGE (ONE WAY)	35.00	4.00	140.00
611 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1556.56 Freight: .00 Tax: 113.63 AR 2915.19
 Labor: .00 Misc: .00 Total: 2915.19
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914



CONSOLIDATED
Oil Well Services, LLC



TICKET NUMBER 33405
LOCATION Eureka
FOREMAN Steve Mend

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-111-20479

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/12/11	7842	Babinger #3	24	21S	10E	Lyon
CUSTOMER Jumble & MacLuskey Oil LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 110 South St. P.O. Box 171			485	Alan M		
CITY STATE ZIP CODE Gridley KS 66852			611	Calin		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 126' CASING SIZE & WEIGHT 8 3/4
CASING DEPTH 125' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.5" SLURRY VOL _____ WATER gal/blk _____ CEMENT LEFT IN CASING 15'
DISPLACEMENT 7 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 3/4 casing. Break circulation with 5 bbls fresh water. Mix 90 SKS Class A Cement w/ 2% CaCl2, 2% Gel & 4" Flo-Cele Pakk. Displace with 7 bbls fresh water. Shut casing in. Good cement returns to surface. 5 bbl slurry. Job complete. Rig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	775.00	775.00
5406	35	MILEAGE	4.00	140.00
11045	90 SKS	Class A Cement	14.23	1282.50
1102	270 [#]	CaCl2 2%	.70	189.00
1118B	170 [#]	Gel 2%	.20	34.00
1107	23 [#]	Flo-Cele 4" Pakk	2.22	51.06
5407		Ten Mileage Bulk Truck	m/c	330.00
			Sub Total	2861.56
			SALES TAX 7.3%	113.63
			ESTIMATED TOTAL	2915.19

Rev 01/97

AUTHORIZATION M Mend TITLE Tool Pusher DATE 11-12-11

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.